



# Cochise Health & Social Services

Mary Gomez, Director

"Building A Healthier Future"

## RECORDS RELEASE FORM

TO: Cochise County Jail Medical  
203 N Judd Dr.  
Bisbee, AZ 85603

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

*Kristina M. Hills*

THE FOLLOWING MEDICAL RECORDS IN YOUR POSSESSION CONCERNING MY ILLNESS, TESTS, PREGNANCY AND/ OR TREATMENT: \_\_\_\_\_

*Copies of all medical records in the file*

PATIENTS NAME: *Kristina M. Hills*

PATIENTS DOB: *9/17/76*

SIGNED: *Kristina M. Hills* DATE: *4/16/19*  
(PATIENT, PARENT, OR GUARDIAN)

WITNESS: *Bennett, R* DATE: *4/16/19*

Your County Questions Answered: [www.cochise.az.gov](http://www.cochise.az.gov)

Email: [health@cochise.az.gov](mailto:health@cochise.az.gov)

Main: 1415 Melody Lane, Bldg. A, Bisbee, AZ 85603

Phone: 520-432-9400

Fax: 520-432-9480

Benson: 126 W. 5th Street, Benson, AZ 85602

Phone: 520-586-8200

Fax: 520-586-2051

Douglas: 515 7th Street, Douglas, AZ 85607

Phone: 520-364-5600

Fax: 520-364-5453

Sierra Vista: 4115 E. Foothills Drive, Sierra Vista, AZ 85635

Phone: 520-803-3900

Fax: 520-459-8195

Willcox: 450 S. Marshall Avenue, Willcox, AZ 85646



# Cochise County Detention Medical

## CONSENT FOR SERVICES/RELEASE OF INFORMATION/MEDICATION PASS

I am presently in the custody of the Cochise County Sheriff's Department. I agree to have health care services provided to me by Cochise County Detention.

I understand these services will be provided to meet my necessary health care needs during my incarceration. I also understand that I have the right to accept or refuse any services I choose. I know that I can request to have services discontinued at any time.

### EMERGENCY CONTACT INFORMATION

In case of emergency, I want the following person contacted at this number

(500) 456-6681 Teresa

### RELEASE OF INFORMATION/TRANSFER HEALTH RECORDS

Initial for consent:

☒ I authorize Cochise County Detention Health Services to receive verbal and written information regarding my health status as necessary for the provision of health care services.

☒ I also authorize Cochise County Detention Health Services personnel to release verbal and written medical and mental health information about me, as necessary, to providers of health services who are actively involved in my care.

☒ I authorize the transfer of health records to other correctional facilities. These records will continue to be confidential as to personal health needs and is in no way part of confinement records.

☒ I further understand that should my health be at risk, the Cochise County Detention Health Services personnel may share selected health information with Detention Officers of the Cochise County Sheriff's department for the protection of my health and wellbeing as well as for the protection of other inmates.

☒ I understand how to receive health care while in this facility and have received a copy of the medication pass, sick call and mental health care instructions.

The above has been explained to me and I understand the procedure for obtaining medication. I also understand that if I fail to take meds as ordered they may be discontinued.

Inmate Name:

Hills, Kristina

DOB:

9/17/76

DATE:

2/26/19

Inmate Signature:

*[Handwritten signature of Kristina Hills]*

Witness:

*[Handwritten signature of witness]*

MW/Sv-30 Pass. Hergin w/D  
Past Attempts

COCHISE COUNTY HEALTH & SOCIAL SERVICES

JAIL MEDICAL SERVICES

AUTHORIZATION FOR MEDICAL CARE AND TRANSFER OF MEDICAL RECORDS

<u>2/25/19</u> Date	<u>CA-16</u> Floor & Cell	<u>W</u> Race	<u>F</u> Sex
<u>17-2928</u> Booking Number	<u>Hillg, Kristina</u> Name: Last, First, Middle initial	<u>42</u> Age	<u>9/17/76</u> DOB

I, the undersigned, hereby authorize the responsible jail physician, physician's assistant, or nurse to administer such medical examinations and/or treatment as necessary for my health.

I, hereby certify that I have read and fully understand the above authorization for medical care. I also understand that I may elect to refuse medical care if desired.

[Signature]  
Witness Signature

[Signature]  
Inmate Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature

I, the undersigned, hereby authorize transfer of my medical records to/from any other correctional facility or health care provider. This record will continue to be confidential to personal medical needs and in no way a part of my confinement record.

[Signature]  
Witness Signature

[Signature]  
Inmate Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature

02/25/2019

20:40:19

Cochise County Jail Bisbee  
Intake Healthcare Assessment  
Confined

**Booking Number:** 17-2928

**Name Number:** 644 Kristina Hills

**Assessment Date:** Monday, 02/25/2019 08:35 PM

**Who:** RDonahue CCSO

**Risk Class:**

**Final Score:** 0

**Risk Assessment Questions:**

**Question:** Is the person disoriented?

**Answer:** No

**Notes:**

**Question:** Is the person confused?

**Answer:** No

**Notes:**

**Question:** Does the person complain of pain?

**Answer:** No

**Notes:**

**Question:** Does the person have visible trauma or bleeding?

**Answer:** No

**Notes:**

**Question:** Are there visible signs of alcohol or drug influence?

**Answer:** No

**Notes:**

**Question:** Are there visible signs of withdrawal from alcohol or drugs?

**Answer:** Yes : Comments:

**Notes:** MW-30 STATES POSS HEROIN WITHDRAWAL

**Question:** Are there visible signs of Infection?

**Answer:** Yes Comments:

**Notes:** PRIOR PELVIC INFLAMMATORY

**Question:** Are you in need of special medical care?

**Answer:** No

**Notes:**

**Question:** Do you have Diabetes? Diabetes

**Answer:** No:

**Notes:**

**Question:** Do you have Seizures? Ataques Epilépticos

**Answer:** No

**Notes:**

**Question:** Do you have Heart Disease? Problemas del Coraz`on

**Answer:** No

**Notes:**

**Question:** Do you have High Blood Pressure? Alt presi`on?

**Answer:** No

**Notes:**

**Question:** Do you have Asthma? Asma?

**Answer:** No

**Notes:**

**Question:** Do you have Lung Problems? Problemas de pulm`on

**Answer:** No

**Notes:**

**Question:** Do you have Open Sores? Heriadas o ampollas abiertas?

**Answer:** No

**Notes:**

**Question:** Do you have Liver Problems? Problemas de hígado?

**Answer:** No

**Notes:**

**Question:** Do you have Hepatitis? Hepatitis?

**Answer:** Yes: comments:

**Notes:** C

**Question:** Do you have Dental Problems? Problemas dentales?

**Answer:** No

**Notes:**

**Question:** Do You have Bladder/Kedney Problems? Problemas de vesicula o rinnes?

**Answer:** No

**Notes:**

**Question:** Do you have Stomach Problems? Problemas estomacales?

**Answer:** No

**Notes:**

**Question:** Do you have Muscle/Bone Problems?

**Answer:** Yes: Comments:

**Notes:** OSTEOMYLITIS IN SPINE

**Question:** Do you have Allergies? Alergias?

**Answer:** Yes

**Notes:** WOOL

**Question:** HIV/AIDS? SIDA?

**Answer:** No

**Notes:**

**Question:** Pregnant? Embarazo?

**Answer:** No

**Notes:**

**Question:** Other Medical Problems? Algun otro problema medico? Specify Other in comments

**Answer:** Yes Comments:

**Notes:** LEFT FOOT IS BROKEN, ON 2 WEEKS AGO

**Question:** Are you presently taking prescription Medication? Estas tomando medicamentos en sete momento?

**Answer:** No

**Notes:**

**Question:** Have you had surger, injury or have you been hospitalized in the last year? Ha tenido una operacion, quirurgica, o ha sido hospitalizado dentro del ultimo ano?

**Answer:** Yes Specify

**Notes:** NO

**Question:** Do you have a special Diet? Usted requiere alguna dieta especial?

**Answer:** No

**Notes:**

**Question:** Do you use tobacco? Use tabaco o fuma?

**Answer:** Yes

**Notes:** CIGARRETES

**Question:** Do you use street drugs? usa drogas ilegales?

**Answer:** Yes Specify:

**Notes:** HEROIN, SPEED OCCASSIONALLY

**Question:** Alcohol use? Toma alcohol?

**Answer:** No

**Notes:**

**Question:** Have you had alcoholic siezures or DT's? Ha tenido ataques epilepticos casados por el alcohol o desintoxicacion?

**Answer:** No

**Notes:**

**Question:** Does the Arresting Officer believe th inmate is suicidal

**Answer:** No

**Notes:**

**Question:** Is the inmate acting in a strange manner?

**Answer:** No

**Notes:**

**Question:** Is inmate"s behavior suggestive of assault risk for staff or other inmates?

**Answer:** No

**Notes:**

**Question:** Have you ever attempted suicide? Alguna vez ha atentado suicidarse?

**Answer:** Yes

**Notes:**

**Question:** When was the Attempt? Cuando fue la ultima vez?

**Answer:** last Attempt:

**Notes:** 20 YRS AGO SW-30

**Question:** Has anyone in your family attempted or committed suicide? Alguna vez alguien en su familia ha atentado suicidarse o has cometido suicidio?

**Answer:** Yes Comment

**Notes:**

**Question:** When was the last attempt? Cuando fue la ultima vez?

**Answer:** Last Attempt:

**Notes:** GRANDMOTHER OVER 20 YRS AGO

**Question:** Are you thinking of nhurting yourself? Esta pensando en lastimarse o danarse fisicamente?

**Answer:** No

**Notes:**

**Question:** Have you ever been diagnosed as having a serious mental illness? Ha sido diagnosticado con problemas mentales?

**Answer:** Yes

**Notes:**

**Question:** If yes, what diagnosis: Que fue el diagnostico:

**Answer:** Diagnosis:

**Notes:** ADHD, DEPRESSION, ANXIETY, DEFIANT AUTHORITY DISORDER

**Question:** Are you taking any medication for emotional or mental health problems? Está tomando medicamentos por problemas mentales o emocionales?

**Answer:** Yes

**Notes:**

**Question:** Have you ever been in a hospital for emotional or mental health problems? Ha sido hospitalizado por problemas mentales o emocionales

**Answer:** Yes

**Notes:**

**Question:** Are you currently with an agency for mental care? Actualmente está recibiendo tratamientos por problemas mentales?

**Answer:** Yes

**Notes:** ACTS



**Question:** Case Manager: Quien está manejando su caso: Agency: Qué agencia o clínica lo está tratando:

**Answer:** Case Manager:

**Notes:** TREVOR, SV ACTS

**Question:** Any travel outside of the U.S. in the last 12 months? Ha viajado fuera de los Estados Unidos dentro del último año?

**Answer:** No

**Notes:**

**Question:** Do you have medical insurance? Tiene seguro medio?

**Answer:** Yes

**Notes:**

**Question:** Carrier: Proveedor

**Answer:** Insurance Carrier?

**Notes:** APIPA

**Question:** Were you ever in special education classes in school? En la escuela, ha estado en educación especial?

**Answer:** No

**Notes:**

**Question:** Is Inmate under the Age of 22 years?

**Answer:** No

**Notes:**



# Cochise Health & Social Services

Carrie Langley, Director

"Building A Healthier Future"

## TUBERCULIN SKIN

The Tuberculosis Skin Test is given to determine whether you have Tuberculosis germs in your body. These germs are coughed into the air by a person who had infections Tuberculosis disease. The way these germs get into your body is to breathe them in through the nose. The only way you can find out if you have these germs in your body is to have a Tuberculin Skin Test.

The test is given by injecting a small amount of Tuberculin Purified Protein Derivative just under the surface layers of the left forearm.

**THE TEST SHOULD NOT BE TAKEN IF YOU HAD TUBERCULOSIS DISEASE IN THE PAST OR HAVE HAD A POSITIVE IN THE PAST.**  
**PLEASE INFORM THE NURSE OF ANY KNOWN REACTION TO THIS TEST AND THE DATE THE TEST WAS PERFORMED.**

When the Tuberculosis Skin test is given, you will be asked to **RETURN in 48 to 72 HOURS** so the nurse can determine whether you have a reaction from being exposed to Tuberculosis. At this time you will be told that you have a:

- (1) Negative Reaction
- (2) Positive Reaction
- (3) Questionable Reaction (may require repeat Tuberculosis Skin Test)

Should you have a positive reaction to the test: an interview will be arranged by the nurse to discuss what should be done. Chest X-ray may also be required. If you have any questions please feel free to ask the nurse before receiving the test.

### Cochise County Health Department TB SKIN CONSET FORM

CB

I have the information sheet regarding the Tuberculin Skin Test. I had an opportunity ask questions that were answered to my satisfaction. I understand the value of the TB Skin Test and request that the test be given to me, or the person named below for whom I am authorized to make this request. I also consent to a chest X-ray **IF** the TB skin test shows a 10mm or more reaction. The chest X-ray can be obtained thru a county contracted provider for \$35.00.

Signature: [Signature] Date: 9/7/17 Witness: [Signature]  
Name of the person to be tested (Please print): Hills, Kristina Marie  
Date of Birth: 9/17/76 PPD lot #: C4866A7 Exp Date: 22 JAN 2018  
Administered by (nurse's signature): [Signature]  
Read Date: 9/9/17 Results: 0 mm Neg

Public Programs, Personal Service: [www.cochise.az.gov](http://www.cochise.az.gov)

Email: [health@cochise.az.gov](mailto:health@cochise.az.gov)

Main: 1415 Melody Lane, Bldg. A, Bisbee, AZ 85603  
Benson: 126 W. 5<sup>th</sup> Street, Benson, AZ 85602  
Douglas: 515 7<sup>th</sup> Street, Douglas, AZ 85607  
Sierra Vista: 4115 E. Foothills Dr., Sierra Vista, AZ 85635  
Willcox: 450 S. Haskell Ave., Willcox, AZ 85643

Phone: 520-432-9400  
Phone: 520-586-8200  
Phone: 520-805-5600  
Phone: 520-803-3900  
Phone: 520-384-7100

Fax: 520-432-9480  
Fax: 520-586-2051  
Fax: 520-364-5453  
Fax: 520-459-8195  
Fax: 520-384-0309

Hills, Kristina Marie

DOB: 09/17/1976

NN#: 644

Allergies: NKDA

RANCE FROM WATCH WORK SHEET

OB 9-17-76 Date Booked 2-26-19

Place ✓ Time ✓ Situation ✓ Total (4)

Location CB Who Placed the Watch Medical Why;

Past Attempts ✓ Comments \_\_\_\_\_ Odd Behavior \_\_\_\_\_ Bad News \_\_\_\_\_ Charges 1 > 22

First Time Incarcerated \_\_\_\_\_ Depressed \_\_\_\_\_ Highly Anxious \_\_\_\_\_ SMI \_\_\_\_\_ (Known or Suspected)

Attempts made while in custody will need Psychiatrist's approval in writing for clearance.

If inmate made previous attempts how many? 1 When was the last attempt made?

1996 What did they do? \_\_\_\_\_

Is this inmate withdrawing? Y (N) If yes from what? Denies

If Yes date of last use \_\_\_\_\_ (CIWA/COWS should be completed prior to SW clearance.)

Does this inmate report a history of severe mental illness? Y (N)

If yes what? TBE

Does this inmate report previous mental health hospitalizations? Y (N)

Is this inmate on medication? Y (N) If yes What are the names of the medications? \_\_\_\_\_

nothing current

Have they been taking them? Y (N) Meds are non-Formulary \_\_\_\_\_

Has this inmate seen crisis? Y (N) # of times \_\_\_\_\_ Status \_\_\_\_\_

Has this inmate been restrained while in custody? Y (N) When? \_\_\_\_\_

Has this inmate been in a smock? Y (N) If yes when did they last act out? \_\_\_\_\_

Does this inmate have a Mental Health Agency? Y (N) Name of Agency CPIH

Denies Current SE or Plan

Date Cleared from SW 2/28/19 OIC \_\_\_\_\_

Med/supervisor \_\_\_\_\_ MH/RN Trutso Dr. Schiff (Y) N \_\_\_\_\_

Denies Current Plan or intent to Self harm.

COCHISE COUNTY JAIL SUICIDE ASSESSMENT

1. IN THE PAST FEW WEEKS HAVE YOU WISHED THAT YOU WERE DEAD? X YES \_\_\_\_\_ NO

Two weeks ago

2. IN THE PAST FEW WEEKS HAVE YOU FELT THAT YOUR FAMILY WOULD BE BETTER OFF IF YOU WERE DEAD? X YES \_\_\_\_\_ NO

Two weeks ago

3. IN THE PAST WEEK HAVE YOU HAD THOUGHTS OF KILLING YOURSELF? \_\_\_\_\_ YES X NO.

4. HAVE YOU EVER TRIED TO KILL YOURSELF? X YES \_\_\_\_\_ NO  
IF YES, WHEN? 1996

5. IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ARE YOU HAVING THOUGHTS OF KILLING YOURSELF (OR ANYONE ELSE) AT THIS MOMENT? \_\_\_\_\_ YES X NO.

IF ANY TIME YOU FEEL SUICIDAL WHILE AT THE JAIL A CRISIS TEAM CAN BE ACTIVATED TO SPEAK TO YOU.

Braining  
2012

KH  
2/28/19

## FASPSYCH, LLC TELEPSYCH MEDICATION MONITORING NOTE

Date: 10 / 4 / 2017 Time:      ☐ Am ☐ Pm Age: 41

Name: Kristina Hills

Sex: ☐ M ☒ F

Date of Birth: 9 / 17 / 1976

Source of Information: inmate/staff

SESSION CONDUCTED VIA TELEMEDICINE

### MENTAL STATUS EXAM

Behavior: ☒ Cooperative ☐ Uncooperative ☐ Partially Cooperative

Alertness: ☒ Normal ☐ Diminished

Gait: ☐ Normal ☐ Ataxic ☐ Other

Motor: ☒ Normal ☐ Hyperactive ☐ Hypoactive

Affect: ☒ Appropriate ☐ Blunted ☐ Flat ☐ Labile ☐ Anxious ☐ Suspicious  
☐ Restricted ☐ Angry ☐ Hostile ☐ Agitated ☐ Inappropriate

Mood: ☐ Euthymic ☐ Euphoric ☐ Elevated ☐ Irritable ☐ Dysphoric ☐ Expansive  
☒ Depressed ☐ Grandiose

Delusional: ☐ Yes ☒ No ☐ Unable to Assess

Thought Process: ☒ Logical ☐ Circumstantial ☐ Tangential ☐ Blocking ☐ Concrete ☐ Indifferent ☐ Flight of Ideas

Speech: ☒ Normal ☐ Pressured ☐ Slow ☐ Verbose ☐ Rapid ☐ Slurred  
☐ Mute ☐ Loud ☐ Profane

DTS/DTO: ☐ Suicidal ☐ Homicidal ☒ Denies ☐ With Plans/Intent ☐ No Plan/Intent

## FASPSYCH, LLC TELEPSYCH MEDICATION MONITORING NOTE

Hallucinations: No ☐ Unable to Assess ☐ Yes ☐ Objectively Present ☐ Yes  
☐ Yes ☐ Auditory ☐ Visual ☐ Tactile ☐ Olfactory

Denies now—past A/VH when on illicit drugs

Orientation: ☒ Oriented x3 ☐ Oriented x2 ☐ Oriented x1 ☐ Disoriented ☐ Unable to Assess

Memory intact: ☐ Yes ☐ No ☒ Partial ☐ Unable to Assess

Reports it is improving since she had a TBI in 2012—used to be “pretty bad”

Insight: ☐ Yes ☐ No ☐ Partial ☐ Unable to Assess  
defer

Judgment: ☐ Good ☐ Fair ☐ Poor ☐ Not Intact  
defer

### DIAGNOSES

Polysubstance Use

Antisocial Traits

Unspecified Depressive DO

2015—spine surgery—reports h/o osteomyelitis then

TBI in 2012—assault—reports frontal lobe damage—had brief LOC, per her report

Current meds: denies

Allergies: denies; wool???

### Summary:

41 y/o female. Reports h/o numerous arrests and has been to DOC—both State and Federal. Was homeless prior to this arrest. Has some college education. Inmate reports her CD hx started at about 10 y/o—THC, meth, ETOH, cocaine, Spice, heroin, pain meds, huffing as a teenager, no bath salts. Drug of choice is heroin—IV. Has had “accidental” ODs. Past tx in 1998 was long-term RTC. Had RTC tx in 2009 as well. Past MH tx—in elementary school due to issues with “attention.” Dx'd then for ODD, depression, anxiety, PTSD, ADHD—does not recall names of past meds. Sporadic MH tx on/off since then. Last tx was at LFC in Tucson in 2015—does not recall meds from then. 1 IP MH admit at 18 y/o—“I was on a lot of drugs and stabbed my wrist a few times.” No recent self harm. Last heroin OD was in 2/17. Denies S/HI. Future-oriented. “I have an extensive criminal history for drug problems.” No acute mania/psychosis. Denies S/HI. Future-oriented. She now reported poor sleep, “bad dreams,” lacks motivation, decreased energy, “normal” appetite, has crying spells, likes to read/draw. Denies feeling hopeless. Inmate reports her mother has been tx for depression and GM committed suicide—inmate does not know details. LMP—“yesterday”

Medication Changes/Lab/ Orders:

## FASPSYCH, LLC TELEPSYCH MEDICATION MONITORING NOTE

Substance Use tx; Have past records sent as collateral, if possible; start Remeron 7.5 mg qhs for 7 nights then increase to 15 mg qhs; discussed uses/risks/SE with inmate. Weigh inmate 2x/month for 3 mos. RTC 3 months.

Vincent Krasevic, M.D.

Date

10/06/2017 HILLS, KRISTINA  
MIRTAZAPINE 7.5MG TAB

#644  
END: 10/13/2017

TAKE 1 TABLET(S) ORALLY AT BEDTIME /

V. KRASEVIC, 0323

TELEPHONE INITIALS W

10/13/2017 HILLS, KRISTINA  
MIRTAZAPINE 15MG TAB

#644  
END: 11/12/2017

TAKE 1 TABLET(S) ORALLY AT BEDTIME /

V. KRASEVIC, 0323

TELEPHONE INITIALS W

*Noted Treatment Rx*



## COCHISE COUNTY JAIL MEDICAL

### PROGRESS NOTES

INMATE NAME Hills, Kristina NAME # 644

Date/Time	
9/19/17	"Fungal infection". No external infection.
NSC 982	She has @ history of Osteomyelitis in
98% 930	Spine. Surgery in 2015. I/P has not
11/9/83	done any Flu. No emergent symptoms
	@ this time. Flu upon release. <i>Therese Rn</i>
3/9/18.	I/P states she's been Dx c PID prior to
	her arrest. States she never finished her
	Abx. Requesting to be seen by provider.
	Experiencing a lot of pain and has a bump.
	She states she has put in multiple request
	to be seen and has not. <i>Therese Rn</i>
3/10/19	Seen @ NSC for Painful bump @ groin.
112/73 75	Small (pea size) bump noted @ @ pubic
98% 97.4	Pubic area. No redness, no induration.
	Possible lymph node. It is noted
	That I/P recently shaved Pubic area.
	Adv against this as it can cause
	ingrown hair etc. Flu c NP next
	wk. To alert medical if any
	changes (↑ size, Pain, redness). <i>Therese Rn</i>



COCHISE COUNTY JAIL

Medical Progress Note

Date: 8/29/17 Time: 1045

Patient Name: Hills, Kristina DOB: 9/17/76

Name Number: 624



NKMA

Subjective Complaint:

HPI:

Concerned about "bumps on spine", has had them X 7 mths. "was supposed to have blood work done by infectious diseases doctor, but didn't."

OBJECTIVE: Normal Findings: BP 129/86 Pulse 98 Resp 16 Temp 96.2 Wt 138 SPO2 99%. Labs X-rays

Constitutional

HEENT

Lungs/Chest

Heart

Abd

GU

MSK

Skin

Neuro

Other

Hx: RA,  
Osteomyelitis.  
Heroin use - IV  
Denies ETOH,  
tobacco daily

2 large "knots" on thoracic spine

Assessment:

Plan:

Records requested 8/29/17. ☒ Request records from Dr. Thorri's office - Attention Maggie. May have Diantho (as directed on package) for next 3 days prn diarrhea

Follow-up:

if worsening or as prn

Patient education:

M. W. W. 8/29/17

Nurse Signature

08/29/2017 HILLS, KRISTINA  
LOPERAMIDE 2MG TAB

USE 1 ORALLY TWO TIMES A DAY AS NEEDED / X 3 DAYS  
C. MADDUX, FNP-C 0624 PRFL WRITTEN INITIALS *JS*

#644

END: 09/01/2017

*C. Maddux*

Medical Provider Signature

# PROVIDER ORDERS

Vital Signs- B/P 124/81 HR 110

Temp 99.4, O2 98, Pain 1/10

Wt- 132



Public Programs, Personal Service

NAME: Hills, Kristina Marie

DOB: \_\_\_\_\_ NN: \_\_\_\_\_

DATE OF PF NN#: 644

COMPLAINT (S): \_\_\_\_\_

Allergies: NKDA

ALLERGIES: \_\_\_\_\_

## PROVIDER ORDERS:

✓ Prednisone 50mg 1 po daily  
x 5 days  
✓ Albuterol inhaler  $\frac{11}{11}$  puffs  
BID x 2 weeks  
✓ Flonase 1 spray each nostril  
daily x 2 weeks.

03/29/2019 HILLS, KRISTINA  
PREDNISONE 50MG TAB

#644  
END: 04/03/2019

TAKE 1 TABLET(S) ORALLY DAILY /

03/29/2019 HILLS, KRISTINA #644  
FLUTICASONE NASAL (16GM) 50MCG SPRY END: 04/12/2019  
USE 1 SPRAY(S) NASALLY DAILY / 1 SPRAY EACH  
NOSTRIL  
C. MADDUX, FNP-C 0323 TELEPHONE INITIALS \_\_\_\_\_

C. MADDUX, FNP-C 0323 PRFL TELEPHONE INITIALS \_\_\_\_\_

PROVIDER SIGNATURE: [Signature]

DATE: 3/28/19 TIME: 1143

RN NOTING ORDERS: Guillermo Rn

DATE: 3/28/19 TIME: 1155

03/29/2019 HILLS, KRISTINA  
ALBUTEROL HFA (18GM) INH

#644  
END: 04/12/2019

INHALE 2 PUFF(S) ORALLY TWO TIMES A DAY /

C. MADDUX, FNP-C 0323 PRFL TELEPHONE INITIALS \_\_\_\_\_

#137  
98.4, 134/87, 90  
RR:110

## PROVIDER ORDERS



Public Programs... Personal Service.

NAME: Hills, Kristina Marie

DOB: 09/17/1976

DOB: \_\_\_\_\_ NN: \_\_\_\_\_

DATE OF: NN#: 644

Allergies: NKDA

IF COMPLAINT (S): \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

### PROVIDER ORDERS:

Obtain urine for dip

May do on 3/14/19 during  
lab draws.

PROVIDER SIGNATURE:

*[Signature]*

DATE:

3/12/19

TIME:

1637

RN NOTING ORDERS:

*[Signature]*

DATE:

3/14/19

TIME:

1500



## "Pink Slip"

To:

Date: 3/15/19

From: **MEDICAL**

I/M Hills, Kristina

I/M# 644 Date of Birth 9/17/76

May K.O.P

NO Physical Activity x 3 days

Start Date: 3/15/19

Stop Date: 3/19/19

Thank You!

20

# TREATMENT FLOW SHEET

NAME \_\_\_\_\_

NAME # DOB

800

Hills, Kristina

[illegible]